

Registered No. RB RH003626099 US 304 US

Date Stamp 0501 17

To Be Completed By Post Office	Reg. Fee	\$61.80	
	Handling Charge	\$19.05	Return Receipt
	Postage	\$5.30	Restricted Delivery
	Received by	\$0.00	
		\$0.00	
Customer Must Declare Full Value \$		\$86.15	Domestic Insurance up to \$25,000 is included based upon the declared value. International indemnity is limited. (See Reverse).
		02/06/2023	

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To Be Completed By Customer (Please Print) All Entries Must Be in Ballpoint or Typed	FROM	WILMINGTON CDEK's Office United States District Court of Delaware 844 N King street Unit 18 Wilmington, DE 19801
	TO	ASUSTek Computer Inc. No. 15 Li-Te Road, Beitou District, Taipei 112, Taiwan

PS Form 3806, **Receipt for Registered Mail** Copy 1 - Customer
May 2007 (7530-02-000-9051) (See Information on Reverse)
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DISTRICT OF DELAWARE
2023 FEB -7 AM 11:23
MAB



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USPS Customs Declaration and Dispatch Note

- Print in English using blue or black ink.
- Complete all **SHADED** fields before acceptance.
- See the Privacy Notice on the reverse of Copy 4.

SHIPMENT INFORMATION (CONTINUED) — BOXED AREA IS FOR USPS-USE ONLY

SENDER'S INFORMATION		USPS Official Use		USPS Corporate Account		EMS Scheduled Delivery Date	
Full Last Name CLERKS OFFICE		Full First Name		MI		/ /	
Business Name (if applicable) UNITED STATES DISTRICT COURT OF DELAWARE		Sender's Telephone		Total Postage/Fees (U.S. \$)		Insured Value (U.S. \$)	
Address-1 844 N. KENYON ST		7. Sender's Email Address		8. Addressee's Email Address		Insured Fee (U.S. \$)	
Address-2 UNIT 15		9. Exporter's Reference (if applicable and known)		10. Exporter's Telephone (if applicable and known)			
City WILMINGTON		11. Importer's Reference (if applicable and known)		12. Importer's Telephone (if applicable and known)			
State DE		13. AES ITN (if applicable)		14. AES Exemption — NOEEI § (Check one if applicable)			
ZIP Code 17601				<input type="checkbox"/> § 30.36 <input type="checkbox"/> § 30.37 (a) <input type="checkbox"/> § 30.37 (h) <input type="checkbox"/> § 30.37 (y) <input type="checkbox"/> Other			
ADDRESSEE'S INFORMATION		15. License Number (if applicable)		16. Certificate Number (if applicable)		17. Invoice Number (if applicable)	
Full Last Name		Full First Name		MI			
Business Name (if applicable) ADUSTEC PAPER INC.		Addressee's Telephone		18. Length (inches)		19. Width (inches)	
Address-1 UNIT 15				20. Height (inches)			
Address-2 21-16 ROAD, BEIYOU DISTRICT		Postal Code		21. Restrictions (if applicable — check all that apply)		22. Nondelivery Instructions (Check one)	
City TAIPEI 112		State/Province		<input type="checkbox"/> Quarantine <input type="checkbox"/> Sanitary/Phytosanitary Inspection		<input type="checkbox"/> Return to Sender <input type="checkbox"/> Treat as Abandoned	
Country TAIWAN				23. Sender's Signature and Date Lyan ROBERTS 2/6/23			
I certify the particulars given in this customs declaration are correct. This package does not contain any undeclared dangerous items, or items prohibited by legislation or by postal or customs regulations. I have met all applicable export filing requirements under federal law and regulations.							
SHIPMENT INFORMATION		24. HS Tariff Number		25. Country of Origin			
1. Category of Items (Check all that apply)		4. Net Weight (Ea)		5. Value (Ea)		For Business Mailers, for items in Block 2 (if the information is known)	
<input checked="" type="checkbox"/> Document <input type="checkbox"/> Commercial Sample <input type="checkbox"/> Merchandise <input type="checkbox"/> Dangerous Goods <input type="checkbox"/> Gift <input type="checkbox"/> Returned Goods <input type="checkbox"/> Humanitarian Donation <input type="checkbox"/> Other		Lbs. Oz.		U.S. \$			
2. Detailed Description of Contents (Enter only one item per line) LEGAL DOCS		3. Quantity 1		1.00			
6. Total		3 3					